## Fairfield County Auditor Finance Office Request for Reissue of Outstanding Warrant

To Be Completed By Check Payee				
Check Payee:			Check Date:	
Check Number:		Check Amount:		
Account Code:		Fund Name:		
	d a warrant, in the amount and on the been lost or destroyed and there or payment.			
With this re	quest from me, the Fairfield County A	uditor will issue a du	olicate warrant.	
I promise to	deliver the lost warrant to the Fairfiel	ld County Auditor for	cancellation if it is found.	
			Authorized Signature	
	Parada Allera		Authorized Signature	
	Payee's Address:			
			_	
			Date	
	To Be Comple	TED BY DEPUTY AUDIT	TOR	
1. Auditor'	s Office called the Park National Ban	k to stop payment of	warrant:	
Bank R	epresentative:		Date:	
		_		
Stop Pa	ayment form received from bank.	Dat	e:	
Stop Payment form completed and returned to be		I to bank. Dat	e:	
2. Duplica	te warrant issued:			
Check	Number:	Dat	e:	
		De	puty Auditor Signature	

Revised 5/16/2023 Exhibit D-8